

COMMISSIONERS

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February 9, 2009

Mr. Jeff Fleischman, Director Casper Field Office Office of Surface Mining PO Box 11018 Casper WY 82602-5004

Dear Mr. Fleischman:

This letter and attachment is the first quarterly report for North Dakota's FY 2008 Underground Mine Map Grant (e-grant S08AP12777). The report covers the three month period that began September 1, 2008. A completed Financial Status Report, SF 269, is enclosed that shows no expenditures during the reporting period.

Since our GIS Specialist position was vacant for several months, no work has yet been done under this grant. Also, it appears no work will begin under this grant until the third quarterly reporting period at the earliest.

If you have any questions, please contact Gloria Geiger or me.

Sincerely,

Lindtel

James R. Deutsch

Director

AML Division

Enclosure

cc:

Frank Atencio (e-mail) Ginger Kaldenbach (e-mail)

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FINANCIAL STATUS REPORT

(Long Form)

| Federal Agency and Organizational Element to Which Report is Submitted | | | | | OMB Approval | Page | of 1 |
|---|--|--|---|--|-------------------|------------------------------|---------|
| U.S. Department of Interior Office of Surface Mining - | E | -Grant S08AP12777 | | 0348-0039 | | Pages | |
| 3. Recipient Organization (Name and complete address, including ZIP code) PUBLIC SERVICE COMMISSION 600 E. Boulevard Ave. Dept 408 Bismarck ND 58505-0480 | | | | | | | |
| 4. Employer Identification Number 45-0309764 | ' | | ount Number or Identifying Number | | | 7. Basis [x] Cash [] Accrual | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 9-1-08 | om: (Month, Day, Year) To: (Month, Day, | | 9. Period Covered From: Month, 9-1-08 | | | | |
| 10. Transactions: | | I Previously Reported | | II This Period | III Cumulative | | |
| a. Total outlays | | 0 | | 0 | 0 | | |
| b. Refunds, rebates, etc. | | 0 | | 0 | | 0 | |
| c. Program income used in accordance with the deduction alternative | | 0 | | 0 | 0 | | |
| d. Net outlays (Line a, less the sum of lines b and c) | | 0 | | 0 | 0 | | |
| Recipient's share of net outlays, consisting of: e. Third party (in-kind) contributions | | 0 | | 0 | 0 | | |
| f. Other Federal awards authorized to be used to match this award | | 0 | | 0 | | 0 | |
| g. Program income used in accordance with the matching or cost sharing alternative | | 0 | | 0 | | 0 | |
| h. All other recipient outlays not shown on lines e, f, or g | | 0 | | 0 | | 0 | |
| i. Total recipient share of net outlays (Sum of lines e, f, g and h) | | 0 | | 0 | | 0 | |
| j. Federal share of net outlays (line d less line i) | | 0 | | 0 | | 0 | |
| k. Total unliquidated obligations | | The course of the second services | | a Classification of the Control of t | | 0 | |
| Recipient's share of unliquidated obligations | | and the second second second | | 7.19 | | 0 | |
| m. Federal share of unliquidated obligations | | | | 47 200 | | | |
| n. Total federal share (sum of lines j and m) | | The state of the s | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | 0 | |
| o. Total federal funds authorized for this funding period | | and April 1985 | | 14,887. | | 14,887.00 | |
| p. Unobligated balance of federal funds (Line o minus line n) | | 747 N. AL | | 71.98 (*) 2017 | 14,887. | | |
| Program income, consisting of: | | | | Control of the Contro | | 0 | |
| q. Disbursed program income shown on lines c and/or g above | | | | A STATE OF THE STA | | 0 | |
| r. Disbursed program income using the addition alternative | | The state of the state of | | Erico III. | 0 | | |
| s. Undisbursed program income | | | | | | 0 | |
| t. Total program income realized (Sum of lines q, r and s) a. Type of Rate (Place "X" in appropriate box) | | | | | | | |
| 11. Indirect [] Provisional Expense | [X] Predeterm | nined [|] Final | T |] Fixed [] Propo | T | |
| b. Rate N/A | | c. Base | 0 | d. To | otal Amount 0 | e. Federal | Share 0 |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation | | | | | | | |
| 13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents | | | | | | | |
| Typed or Printed Name and Title | | Telephone (area code, number and extension) | | | | | |
| James R. Deutsch Director, AML Division | | (701) 328-2251 | | | | | |
| Signature of Authorized Certifying Official | | Date Report Submitted | | | | | |
| Jon I, Sentil | | February 9, 2009 | | | | | |